

NY STATE CLIENT BUSINESS RELATIONSHIP FORM

Additional Instructions: Please type or use blue or black ink pen.
Completely fill in one circle.
Print legible numbers and block letters, no script.

I Reporting Information

Year: July 1, 2014 through December 31, 2014

Fill in circle if amendment ☐

FOR OFFICE USE ONLY

RECEIVED JAN 15 2015
HAND DELIVERED

II Client Information

Name: John Jay College/CUNY

Permanent Business Address: 524 West 59th street

City: New York

State: New York

ZIP code: 10019

Phone:

III Business Relationship with an Entity

Fill out this section only if the relationship is with an entity. If the relationship is with a state person, skip this section and fill out section IV.

Entity Name:

Entity Address:

City:

State:

ZIP code:

Phone:

State Person with the Requisite Involvement in the Entity:

Last name:

First name:

State Person's Agency or Legislative Body of Employment:

Public Office Address:

City:

State:

ZIP code:

Phone:

Check here if using addendum sheet for additional State Person(s) with the Requisite Involvement in the Entity: ☐

Description of Business Relationship(s):

Compensation (Actual or Anticipated): \$.00

Expenses (Actual or Anticipated): \$.00

Total Compensation and Expenses (Actual or Anticipated): \$.00

Beginning date of Business Relationship (Actual or Anticipated): Month: Year:

End date of Business Relationship (Actual or Anticipated) if applicable: Month: Year:

Check here if using addendum sheet for additional Relationship(s) with different Entity/Entities: ☐

Continued on next page

Business Relationship with a State Person

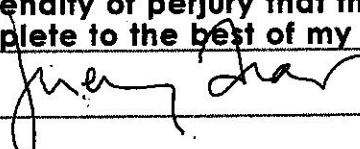
Fill out this section only if the relationship is with a State Person. If the relationship is with an entity, skip this section and fill out Section III.

State Person Last Name: AYKAC		State Person First Name: Ilter	
Agency or Legislative Body of Employment: NYPD			
Public Office Address: 1 Police Plaza			
City: New York		State: New York	ZIP code: 10033
Phone:			
Description of Business Relationship(s):			
Compensation (Actual or Anticipated):		\$ 98,000	.00
Expenses (Actual or Anticipated):		\$.00
Total Compensation and Expenses (Actual or Anticipated):		\$98,000	.00
Beginning date of Business Relationship (Actual or Anticipated):		Month: 01	Year: 2008
End date of Business Relationship (Actual or Anticipated) if applicable:		Month: Present	Year:
Check here if using addendum sheet for additional State Person(s): <input type="radio"/>			

V Declaration

This Declaration must be signed by the Chief Administrative Officer. If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration. (See instructions.)

I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.

X SIGNATURE:		DATE:	12-22-14
PRINT NAME: LAST	TRAVIS	FIRST	Jeremy
Mark One:	<input checked="" type="radio"/> Chief Administrative Officer	<input type="radio"/> Designee (Attach Letter)	

NY STATE CLIENT BUSINESS RELATIONSHIP FORM

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I Reporting Information

Year: 2014 July 1 - December 31

Fill in circle if amendment ☐

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II Client Information

Business Relationship with a State Person

Instructions: Fill out this section only if the Relationship is with a State Person. If the Relationship is with an Entity, skip this section and fill out Section III.

State Person Last Name: Feldman

State Person First Name: Daniel

Agency or Legislative Body of Employment: Office of the New York State Comptroller

Public Office Address: 110 State Street

City: Albany

State: NY

ZIP code: 12236

Phone: 518-486-9840

Description of Business Relationship(s): I do legal work for the Retirement Division of the Comptroller's Office one day a week.

Compensation (Actual or Anticipated): \$.00

Expenses (Actual or Anticipated): \$.00

Total Compensation and Expenses (Actual or Anticipated):

\$ 30,000.00 /year

Beginning date of Business Relationship (Actual or Anticipated):

Month: October

Year: 2007

End date of Business Relationship (Actual or Anticipated) if applicable:

Month:

Year:

Check here if using addendum sheet for additional State Person(s): ☐

V Declaration

This Declaration must be signed by the Chief Administrative Officer. If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration. (See Instructions.)

I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.

X SIGNATURE:

Jeremy Travis

DATE: 12-22-14

PRINT NAME: LAST

TRAVIS

FIRST

Jeremy

Mark One:

☒ Chief Administrative Officer

☐ Designee (Attach Letter)

NY STATE CLIENT BUSINESS RELATIONSHIP FORM

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I Reporting Information

Year: July 1, 2014 - December 31, 2014
Fill in circle if amendment ☐

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HAND DELIVERED

II Client Information

Name: John Jay College / CUNY
Permanent Business Address: 524 W. 59th Street
City: NY State: NY ZIP code: 10019
Phone:

III Business Relationship with an Entity

Instructions: Fill out this section only if the Relationship is with an Entity. If the Relationship is with a State Person, skip this section and fill out Section IV.

Entity Name:
Entity Address:
City: State: ZIP code:
Phone:
State Person with the Requisite Involvement in the Entity:
Last name: First name:
State Person's Agency or Legislative Body of Employment:
Public Office Address:
City: State: ZIP code:
Phone:

Check here if using addendum sheet for additional State Person(s) with the Requisite Involvement in the Entity: ☐

Description of Business Relationship(s):

Compensation (Actual or Anticipated): \$.00

Expenses (Actual or Anticipated): \$.00

Total Compensation and Expenses (Actual or Anticipated): \$.00

Beginning date of Business Relationship (Actual or Anticipated): Month: Year:

End date of Business Relationship (Actual or Anticipated) if applicable: Month: Year:

Check here if using addendum sheet for additional Relationship(s) with different Entity/Entities: ☐

Business Relationship with a State Person

Instructions: Fill out this section only if the Relationship is with a State Person. If the Relationship is with an Entity, skip this section and fill out Section III.

State Person Last Name: Geldert

State Person First Name: Carrie

Agency or Legislative Body of Employment: Bronx County District Attorney's Office

Public Office Address: 198 E 161ST STREET

City: Bronx

State: NY

ZIP code: 10453

Phone: 718 590 2192

Description of Business Relationship(s): Part-Time Employee
Asst. District Attorney
Complaint Room Supervisor

Compensation (Actual or Anticipated): \$ 57,000 .00

Expenses (Actual or Anticipated): \$.00

Total Compensation and Expenses (Actual or Anticipated):

\$ 57,000 .00

Beginning date of Business Relationship (Actual or Anticipated):

Month: September Year: 2003

End date of Business Relationship (Actual or Anticipated) if applicable:

Month: N/A Year:

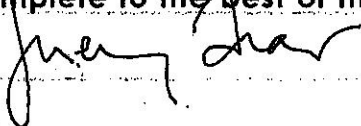
Check here if using addendum sheet for additional State Person(s): ☐

V Declaration

This Declaration must be signed by the Chief Administrative Officer. If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration. (See instructions.)

I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.

X SIGNATURE:



DATE: 12-22-14

PRINT NAME: LAST

TRAVIS

FIRST

Jeremy

Mark One:

☒ Chief Administrative Officer

☐ Designee (Attach Letter)

NY STATE CLIENT BUSINESS RELATIONSHIP FORM

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Completely fill in one circle.
Print legible numbers and block letters, no script.

I Reporting Information

Year: July 1, 2014 - December 31, 2014

Fill in circle if amendment ☐

FOR OFFICE USE ONLY

II Client Information

Name: John Jay College / CONY

Permanent Business Address: 524 W. 59th Street

City: NY

State: NY

ZIP code: 10019

Phone:

III Business Relationship with an Entity

Instructions: Fill out this section only if the Relationship is with an Entity. If the Relationship is with a State Person, skip this section and fill out Section IV.

Entity Name:

Entity Address:

City: State: ZIP code:

Phone:

State Person with the Requisite Involvement in the Entity:

Last name:

First name:

State Person's Agency or Legislative Body of Employment:

Public Office Address:

City: State: ZIP code:

Phone:

Check here if using addendum sheet for additional State Person(s) with the Requisite Involvement in the Entity: ☐

Description of Business Relationship(s):

Compensation (Actual or Anticipated): \$.00

Expenses (Actual or Anticipated): \$.00

Total Compensation and Expenses (Actual or Anticipated): \$.00

Beginning date of Business Relationship (Actual or Anticipated):

Month:

Year:

End date of Business Relationship (Actual or Anticipated) if applicable:

Month:

Year:

Check here if using addendum sheet for additional Relationship(s) with different Entity/Entities: ☐

Joint Addendum Sheet for Sections III and IV

Use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

IV Business Relationship with a State Person

Instructions: Fill out this section only if the Relationship is with a State Person. If the Relationship is with an Entity, skip this section and fill out Section III.

State Person Last Name: Geldert State Person First Name: Carrie
Agency or Legislative Body of Employment: Bronx County District Attorney's Office
Public Office Address: 198 E. 161st Street
City: Bronx State: NY ZIP code: 10453
Phone: 718-590-2192

Description of Business Relationship(s): Part-time Employee
Assistant District Attorney
Complaint Room Supervisor

Compensation (Actual or Anticipated): \$ 57,000 .00

Expenses (Actual or Anticipated): \$.00

Total Compensation and Expenses (Actual or Anticipated): \$ 57,000 .00

Beginning date of Business Relationship (Actual or Anticipated):

Month: September Year: 2003

End date of Business Relationship (Actual or Anticipated) if applicable:

Month: N/A Year: —

NY STATE CLIENT BUSINESS RELATIONSHIP FORM

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Print legible number and block letters, no script.

Reporting Information

Year: 2014 July 1 - December 31

Fill in circle if amendment ☐

FOR OFFICE USE ONLY

RECEIVED JAN 15 2015
HAND DELIVERED

Client Information

Name: JOHN JAY COLLEGE / C.U.N.Y.

Permanent Business Address: 524 W. 59TH STREET

City: NEW YORK

State: NY

ZIP code: 10019

Phone:

Business Relationship with an Entity

Instructions: Fill out this section only if the relationship is with an entity. If the relationship is with a State Person, skip this section and fill out Section IV.

Entity Name:

Entity Address:

City: State: ZIP code:

Phone:

State Person with the Requisite Involvement in the Entity:

Last name: First name:

State Person's Agency or Legislative Body of Employment:

Public Office Address:

City: State: ZIP code:

Phone:

Check here if using addendum sheet for additional State Person(s) with the Requisite Involvement in the Entity: ☐

Description of Business Relationship(s):

Compensation (Actual or Anticipated): \$.00

Expenses (Actual or Anticipated): \$.00

Total Compensation and Expenses (Actual or Anticipated): \$.00

Beginning date of Business Relationship (Actual or Anticipated): Month: Year:

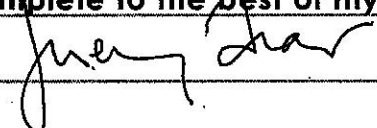
End date of Business Relationship (Actual or Anticipated) if applicable: Month: Year:

Check here if using addendum sheet for additional Relationship(s) with different Entity/Entities: ☐

Business Relationship with a State Person

All on this section only. If the relationship is with a State Person, fill in this section. If the relationship is with an entity, skip this section and fill out Section III.

Person Last Name: GIORDANO		State Person First Name: JUSTIN	
Agency or Legislative Body of Employment: S. U. N. Y. EMPIRE STATE COLLEGE			
Public Office Address: 325 HUDSON STREET			
City: NEW YORK		State: N. Y.	ZIP code: 10013
Phone: 646-230-1246			
Description of Business Relationship(s): I'M A FULL TIME FACULTY (i.e. PROFESSOR OF BUSINESS & LAW) AT STATE UNIVERSITY OF NEW YORK, EMPIRE STATE COLLEGE			
Compensation (Actual or Anticipated):		\$ 100,000 .00	
Expenses (Actual or Anticipated):		\$.00	
Total Compensation and Expenses (Actual or Anticipated):		\$ 100,000 .00	
Beginning date of Business Relationship (Actual or Anticipated):		Month: AUGUST Year: 1992	
End date of Business Relationship (Actual or Anticipated) if applicable:		Month: Year: PRESENT	
Check here if using addendum sheet for additional State Person(s): <input type="radio"/>			

V Declaration	
This Declaration must be signed by the Chief Administrative Officer. If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration. (See Instructions.)	
I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.	
X SIGNATURE: 	DATE: 12-22-14
PRINT NAME: LAST TRAVIS	FIRST Jeremy
Mark One: <input checked="" type="checkbox"/> Chief Administrative Officer <input type="checkbox"/> Designee (Attach Letter)	

NY STATE CLIENT BUSINESS RELATIONSHIP FORM

Reporting Information

Year: 2014 - 7/1/14 - 12/31/14

Fill in circle if amendment ☐

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Client Information

Name: John Jay College / CUNY

Permanent Business Address: 524 W. 59th Street

City: NY State: NY ZIP code: 10019

Phone:

Business Relationship with an Entity

Entity Name:

Entity Address:

City: State: ZIP code:

Phone:

State Person with the Requisite Involvement in the Entity:

Last name: First name:

State Person's Agency or Legislative Body of Employment:

Public Office Address:

City: State: ZIP code:

Phone:

Check here if using addendum sheet for additional State Person(s) with the Requisite Involvement in the Entity: ☐

Description of Business Relationship(s):

Compensation (Actual or Anticipated): \$.00

Expenses (Actual or Anticipated): \$.00

Total Compensation and Expenses (Actual or Anticipated): \$.00

Beginning date of Business Relationship (Actual or Anticipated): Month: Year:

End date of Business Relationship (Actual or Anticipated) if applicable: Month: Year:

Check here if using addendum sheet for additional Relationship(s) with different Entity/Entities: ☐

Business Relationship with a State Person

Part of this form is to be completed by the person who has the business relationship with the State Person. If the person who has the business relationship is with the State Person, then the person who has the business relationship is with the State Person.

State Person Last Name: Gorman-Phelan

State Person First Name: Maureen

Agency or Legislative Body of Employment: State of NY Unified Court System

Public Office Address: 265 East 161st Street

City: Bronx

State: NY

ZIP code: 10457

Phone: 718 618 3655

Description of Business Relationship(s): Employee to Judge - as Principal Law Clerk

Compensation (Actual or Anticipated): \$ 132,000 .00

Expenses (Actual or Anticipated): \$ 0 .00

Total Compensation and Expenses (Actual or Anticipated): \$ 132,000 .00

Beginning date of Business Relationship (Actual or Anticipated):

Month: Sept. Year: 2005

End date of Business Relationship (Actual or Anticipated) if applicable:

Month: present Year:

Check here if using addendum sheet for additional State Person(s): ☐

Declaration

This Declaration must be signed by the Chief Administrative Officer. If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration. (See instructions.)

I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.

X SIGNATURE: Jeremy Travis

DATE: 12-22-14

PRINT NAME LAST: TRAVIS

FIRST: Jeremy

Mark One: ☒ Chief Administrative Officer

☐ Designee (Attach Letter)

NY STATE CLIENT BUSINESS RELATIONSHIP FORM

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I Reporting Information

Year: July 1, 2014 - December 31st, 2014

Fill in circle if amendment ☐

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II Client Information

Name: John Jay College / CUNY

Permanent Business Address: 524 W 59th St

City: New York

State: NY

ZIP code: 10019

Phone:

III Business Relationship with an Entity

Instructions: Fill out this section only if the Relationship is with an Entity. If the Relationship is with a State Person, skip this section and fill out Section IV.

Entity Name:

Entity Address:

City:

State:

ZIP code:

Phone:

State Person with the Requisite Involvement in the Entity:

Last name:

First name:

State Person's Agency or Legislative Body of Employment:

Public Office Address:

City:

State:

ZIP code:

Phone:

Check here if using addendum sheet for additional State Person(s) with the Requisite Involvement in the Entity: ☐

Description of Business Relationship(s):

Compensation (Actual or Anticipated): \$.00

Expenses (Actual or Anticipated): \$.00

Total Compensation and Expenses (Actual or Anticipated): \$.00

Beginning date of Business Relationship (Actual or Anticipated): Month: Year:

End date of Business Relationship (Actual or Anticipated) if applicable: Month: Year:

Check here if using addendum sheet for additional Relationship(s) with different Entity/Entities: ☐

Continued on next page

Business Relationship with a State Person

Instructions: Fill out this section only if the Relationship is with a State Person. If the Relationship is with an Entity, skip this section and fill out Section III.

State Person Last Name: Rhatigan State Person First Name: Catrina

Agency or Legislative Body of Employment: Nassau County Police Dept

Public Office Address: 1490 Franklin Ave

City: Mineola State: NY ZIP code:

Phone: 516-573-7000

Description of Business Relationship(s):

Employee

Compensation (Actual or Anticipated): \$ 110,000 .00

Expenses (Actual or Anticipated): \$.00

Total Compensation and Expenses (Actual or Anticipated):

\$ 110,000.00

Beginning date of Business Relationship (Actual or Anticipated):

Month: March Year: 2008

End date of Business Relationship (Actual or Anticipated) if applicable:

Month: Year:

Check here if using addendum sheet for additional State Person(s): ☐

V Declaration

This Declaration must be signed by the Chief Administrative Officer. If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration. (See Instructions.)

I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.

X SIGNATURE:

DATE: 12-22-14

PRINT NAME: LAST TRAVIS

FIRST Jeremy

Mark One:

☒ Chief Administrative Officer

☐ Designee (Attach Letter)

NY STATE CLIENT BUSINESS RELATIONSHIP FORM

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I Reporting Information

Year: July 1, 2014 → 12/31/2014
 Fill in circle if amendment: ☐

FOR OFFICE USE ONLY

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II Client Information

Name: John Jay College / CUNY
 Permanent Business Address: 524 West 59th St
 City: New York, State: NY ZIP code: 10019
 Phone:

III Business Relationship with an Entity

Instructions: Fill out this section only if the Relationship is with an Entity. If the Relationship is with a State Person, skip this section and fill out Section IV.

Entity Name:
 Entity Address:
 City: State: ZIP code:
 Phone:
 State Person with the Requisite Involvement in the Entity:
 Last name: First name:
 State Person's Agency or Legislative Body of Employment:
 Public Office Address:
 City: State: ZIP code:
 Phone:

Check here if using addendum sheet for additional State Person(s) with the Requisite Involvement in the Entity: ☐

Description of Business Relationship(s):

Compensation (Actual or Anticipated): \$.00
 Expenses (Actual or Anticipated): \$.00
 Total Compensation and Expenses (Actual or Anticipated): \$.00

Beginning date of Business Relationship (Actual or Anticipated): Month: Year:
 End date of Business Relationship (Actual or Anticipated) if applicable: Month: Year:

Check here if using addendum sheet for additional Relationship(s) with different Entity/Entities: ☐

Business Relationship with a State Person

Instructions: Fill out this section only if the relationship is with a State Person. If the relationship is with an Entity, skip this section and fill out Section III.

State Person Last Name: Z. ON State Person First Name: Adem
Agency or Legislative Body of Employment: Kings County District Attorney
Public Office Address: 350 Jay Street
City: Brooklyn State: NY ZIP code: 11201
Phone: 718 250 9709
Description of Business Relationship(s): Assistant District Attorney / cybercrime unit

Compensation (Actual or Anticipated): \$ 160,000 .00
Expenses (Actual or Anticipated): \$.00
Total Compensation and Expenses (Actual or Anticipated): \$ 160,000 .00

Beginning date of Business Relationship (Actual or Anticipated): Month: 09 Year: 1992
End date of Business Relationship (Actual or Anticipated) if applicable: Month: Year:

Check here if using addendum sheet for additional State Person(s): ☐

V Declaration

This Declaration must be signed by the Chief Administrative Officer. If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration. (See Instructions.)

I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.

X SIGNATURE:

Jeremy Travis

DATE: 12-22-14

PRINT NAME LAST TRAVIS

FIRST Jeremy

Mark One:

☒ Chief Administrative Officer

☐ Designee (Attach Letter)

NY STATE CLIENT BUSINESS RELATIONSHIP FORM

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I Reporting Information

Year: Biennial Period 7/1/14-12/31/14

Fill in circle if amendment: ☐

FOR OFFICE USE ONLY

RECEIVED JAN 15 2015
 HAND DELIVERED

II Client Information

Name: John Jay College/CUNY

Permanent Business Address: 524 W. 59 Street

City: NY

State: NY

ZIP code: 10019

Phone: 212-237-8771

III Business Relationship with an Entity

Instructions: Fill out this section only if the Relationship is with an Entity. If the Relationship is with a State Person, skip this section and fill out section IV.

Entity Name:

Entity Address:

City:

State:

ZIP code:

Phone:

State Person with the Requisite Involvement in the Entity:

Last name:

First name:

State Person's Agency or Legislative Body of Employment:

Public Office Address:

City:

State:

ZIP code:

Phone:

Check here if using addendum sheet for additional State Person(s) with the Requisite Involvement in the Entity: ☐

Description of Business Relationship(s):

Compensation (Actual or Anticipated):

\$

.00

Expenses (Actual or Anticipated):

\$

.00

Total Compensation and Expenses (Actual or Anticipated):

\$

.00

Beginning date of Business Relationship (Actual or Anticipated):

Month:

Year:

End date of Business Relationship (Actual or Anticipated) if applicable:

Month:

Year:

Check here if using addendum sheet for additional Relationship(s) with different Entity/Entities: ☐

Business Relationship with a State Person

Instructions: Fill out this section only if the relationship with a State Person is the relationship with a State Person. If not, skip this section and fill out Section III.

State Person Last Name: Wapner

State Person First Name: Mindi

Agency or Legislative Body of Employment: NYS OPWDD

Public Office Address: 25 Beaver Street

City: NY

State: NY

ZIP code: 10004

Phone: 646-766-3223

Description of Business Relationship(s): my Civil Service title is Treatment Team Leader. I am a Development Representative in our Regional Office. I assist not-for-profit agencies to open up residential and day programs for developmentally disabled individuals.

Compensation (Actual or Anticipated): \$ 86,000 .00

Expenses (Actual or Anticipated): \$ 0 .00

Total Compensation and Expenses (Actual or Anticipated): \$ 86,000 .00

Beginning date of Business Relationship (Actual or Anticipated): Month: 12 Year: 2004

End date of Business Relationship (Actual or Anticipated) if applicable: Month: N/A Year:

Check here if using addendum sheet for additional State Person(s): ☐

V Declaration

This Declaration must be signed by the Chief Administrative Officer. If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration. (See Instructions.)

I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.

X SIGNATURE: 

DATE: 12/29/14

PRINT NAME: LAST TRAVIS

FIRST: Jeremy

Mark One:

☒ Chief Administrative Officer

☐ Designee (Attach Letter)

STATE CLIENT BUSINESS RELATIONSHIP FORM

Instructions: Please type or use blue or black ink pen.
Completely fill in one circle.
For fiscal numbers and block letters, no serial.

Reporting Information

Year: 2014 July 1 - December 31

Fill in circle if amendment ☐

FOR OFFICE USE ONLY

RECEIVED JAN 15 2015

HAND DELIVERED

Client Information

Name: John Jay College / CUNY

Permanent Business Address: 524 W 59th Street

City: NY State: NY ZIP code: 10019

Phone: 212 237 8000

Business Relationship with an Entity

Instructions: Fill out the section only if the relationship is with an entity. If the relationship is with a State Person, skip this section and fill out Section IV.

Entity Name:

Entity Address:

City: State: ZIP code:

Phone:

State Person with the Requisite Involvement in the Entity:

Last name: First name:

State Person's Agency or Legislative Body of Employment:

Public Office Address:

City: State: ZIP code:

Phone:

Check here if using addendum sheet for additional State Person(s) with the Requisite Involvement in the Entity: ☐

Description of Business Relationship(s):

Compensation (Actual or Anticipated):	\$.00
Expenses (Actual or Anticipated):	\$.00
Total Compensation and Expenses (Actual or Anticipated):	\$.00

Beginning date of Business Relationship (Actual or Anticipated): Month: Year:

End date of Business Relationship (Actual or Anticipated) if applicable: Month: Year:

Check here if using addendum sheet for additional Relationship(s) with different Entity/Entities: ☐

Business Relationship with a State Person

Fill out this section only if the relationship is with a State Person. If the relationship is with an entity, skip this section and fill out Section III.

State Person Last Name: <u>Amatore</u>		State Person First Name: <u>Bridget</u>	
Agency or Legislative Body of Employment: <u>Workers Compensation Board</u>			
Public Office Address: <u>328 STATE STREET</u>			
City: <u>Schenectady</u>		State: <u>NY</u>	ZIP code: <u>12305</u>
Phone: <u>866 756-5157</u>			
Description of Business Relationship(s): <u>Chairperson, Psychology Practice Committee WCB</u>			
Compensation (Actual or Anticipated):		\$ <u>per diem</u>	<u>.00</u>
Expenses (Actual or Anticipated):		\$	<u>.00</u>
Total Compensation and Expenses (Actual or Anticipated):		\$ <u>variable</u> <u>.00</u>	
Beginning date of Business Relationship (Actual or Anticipated):		Month: <u>03</u>	Year: <u>1991</u>
End date of Business Relationship (Actual or Anticipated) if applicable:		Month: <u>12</u>	Year: <u>2014</u>
Check here if using addendum sheet for additional State Person(s): <input type="radio"/>			

Declaration

This Declaration must be signed by the Chief Administrative Officer. If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration. (See instruction.)

I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.

X SIGNATURE:	<u>[Signature]</u>	DATE: <u>12-22-14</u>
	PRINT NAME: LAST <u>TRAVIS</u>	FIRST <u>Jeremy</u>
Mark One: <input checked="" type="radio"/> Chief Administrative Officer <input type="radio"/> Designee (Attach Letter)		

NY STATE CLIENT BUSINESS RELATIONSHIP FORM

Marking Instructions: Please type or use blue or black ink pen.

Completely fill in one circle.

Print legible numbers and block letters, no script.

I Reporting Information

Year: 2014 *July 1 - December 31*

Fill in circle if amendment ☒

FOR OFFICE USE ONLY

RECEIVED JAN 15 2015

HAND DELIVERED

II Client Information

Name: Martin Horn *John Jay College*

Permanent Business Address: 524 W 59 St

City: New York State: NY ZIP code: 10019

Phone: 646-557-4824

III Business Relationship with an Entity

Instructions: Fill out this section only if the Relationship is with an Entity. If the Relationship is with a State Person, skip this section and fill out Section IV.

Entity Name:

Entity Address:

City: State: ZIP code:

Phone:

State Person with the Requisite Involvement in the Entity:

Last name: First name:

State Person's Agency or Legislative Body of Employment:

Public Office Address:

City: State: ZIP code:

Phone:

Check here if using addendum sheet for additional State Person(s) with the Requisite Involvement in the Entity: ☒

Description of Business Relationship(s): pursuant to contract between UCS and CUNY I serve as p/t Executive Director of Com

Compensation (Actual or Anticipated):	\$ 0	.00
Expenses (Actual or Anticipated):	\$ 0	.00
Total Compensation and Expenses (Actual or Anticipated):	\$ 0 .00	

Beginning date of Business Relationship (Actual or Anticipated): Month: January Year: 2014

End date of Business Relationship (Actual or Anticipated) if applicable: Month: December Year: 2014

Check here if using addendum sheet for additional Relationship(s) with different Entity/Entities: ☒

Business Relationship with a State Person

Instructions: Fill out this section only if the Relationship is with a State Person. If the Relationship is with an Entity, skip this section and fill out Section III.

State Person Last Name: Horn

State Person First Name: Martin

Agency or Legislative Body of Employment: Unified Court System

Public Office Address: 25 Beaver St

City: New York

State: NY

ZIP code: 10004

Phone:

Description of Business Relationship(s): pursuant to contract between CUNY and Unified Court System Martin Horn serves as

exec director Security Commission

Compensation (Actual or Anticipated): \$ 0 .00

Expenses (Actual or Anticipated): \$ 0 .00

Total Compensation and Expenses (Actual or Anticipated):

\$ 0 .00

Beginning date of Business Relationship (Actual or Anticipated):

Month: January

Year: 2014

End date of Business Relationship (Actual or Anticipated) if applicable:

Month: December

Year: 2014

Check here if using addendum sheet for additional State Person(s): ☐

V Declaration

This Declaration must be signed by the Chief Administrative Officer. If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration. (See Instructions.)

I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.

X SIGNATURE:

Jeremy Travis

DATE: December 1, 2014

PRINT NAME: LAST ~~TRAVIS~~ TRAVIS

FIRST ~~Martin~~ Jeremy

Mark One:

☒ Chief Administrative Officer

☐ Designee (Attach Letter)

NY STATE CLIENT BUSINESS RELATIONSHIP FORM

Reporting Information

Year: July, 2014- December, 2014

Fill in circle if amendment: ☐

FOR OFFICE USE ONLY

RECEIVED JAN 15 2015
HAND DELIVERED

Client Information

Name: John Jay College of Criminal Justice

Permanent Business Address: 524 West 58th Street

City: New York

State: NY

ZIP code: 10019

Phone: 212.383.8000

Business Relationship with an Entity

Entity Name:

Entity Address:

City:

State:

ZIP code:

Phone:

State Person with the Requisite Involvement in the Entity:

Last name:

First name:

State Person's Agency or Legislative Body of Employment:

Public Office Address:

City:

State:

ZIP code:

Phone:

Check here if using addendum sheet for additional State Person(s) with the Requisite Involvement in the Entity: ☐

Description of Business Relationship(s):

Compensation (Actual or Anticipated): \$.00

Expenses (Actual or Anticipated): \$.00

Total Compensation and Expenses (Actual or Anticipated): \$.00

Beginning date of Business Relationship (Actual or Anticipated): Month: Year:

End date of Business Relationship (Actual or Anticipated) if applicable: Month: Year:

Check here if using addendum sheet for additional Relationship(s) with different Entity/Entities: ☐

Continued on next page

s Relationship with a State Person

Fill out this section only if the relationship is with a State Person. If the relationship is with an entity, skip this section and fill out Section III.

Person Last Name: <u>Kucharski</u>	State Person First Name: <u>Tom</u>	
Agency or Legislative Body of Employment: <u>Mental Hygiene Legal Services</u>		
Public Office Address: <u>286 Washington Ave Ext</u>		
City: <u>Albany</u>	State: <u>New York</u>	ZIP code: <u>12203</u>
Phone: <u>518 451 8710</u>		
Description of Business Relationship(s): <u>I am a licensed psychologist who is retained to conduct evaluations for Article 10 and other cases before NYS courts</u>		
Compensation (Actual or Anticipated):	\$ <u>20,000</u>	<u>.00</u>
Expenses (Actual or Anticipated):	\$ <u>1000</u>	<u>.00</u>
Total Compensation and Expenses (Actual or Anticipated):	<u>\$21000</u>	<u>.00</u>
Beginning date of Business Relationship (Actual or Anticipated):	Month: <u>July</u>	Year: <u>2014</u>
End date of Business Relationship (Actual or Anticipated) if applicable:	Month: <u>December</u>	Year: <u>2014</u>
Check here if using addendum sheet for additional State Person(s): <input type="radio"/>		

V Declaration

This Declaration must be signed by the Chief Administrative Officer. If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration. (See instructions.)

I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.

X SIGNATURE:

Jeremy Travis

DATE: 12-22-14

PRINT NAME: LAST

TRAVIS

FIRST

Jeremy

Mark One:

☒ Chief Administrative Officer

☐ Designee (Attach Letter)